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Navy Implements Targeted Stop-Loss for Some Hospital Corpsmen

From Chief of Naval Personnel Public Affairs

WASHINGTON - In a move to bolster combat readiness and preserve unit integrity, the Navy implemented a targeted stop-loss for some Hospital Corpsmen (HM) this week, but will hold off implementation for 16 other skill sets also authorized under the plan.

The targeted stop loss, announced in NAVOP 005/03, requires only those HMs with Navy enlisted classification (NEC) 8404 (field medical service technician) in pay grades E1-E6 to remain on active duty.

"These are some of our frontline corpsmen, many of them serving in combat positions with the Marines," said Chief of Naval Personnel Vice Adm. Gerry Hoewing. "They are doing a magnificent job. They are -- and always have been -- the true embodiment of Navy/Marine Corps teamwork. Given the war in Iraq and other military operations, the requirement for that teamwork is higher than ever, and we need them to continue that important service just a while longer."

Of those HMs who possess NEC 8404 and an end of active obligated service (EAOS) between now and December 2003, personnel officials estimate that only a few hundred had plans to leave the service and are therefore affected by the stop loss.

The Navy received authorization for - but will not implement - stop loss for a total of up to 5,270 officers and Sailors, also with EAOS between now and December 2003, covering skill sets in the anti-terrorism/force protection, cryptologic technician,

explosive ordnance disposal and HM communities. Stop loss will only be implemented for NEC 8404 HMs to support ongoing combat operations.

"We made this stop loss as precise and as limited as we possibly could," noted Cmdr. Chris Arendt, head of enlisted plans and policies for the Chief of Naval Personnel. "We tried hard to balance operational requirements with the desire to minimize the disruption to Sailors and their families. I think the fact that we were able to do that, to keep this stop loss so small right now, reflects the ever-ready, expeditionary posture of the Navy today."

"We do not take this action lightly," added Hoewing, noting that the Navy will implement stop loss for the other authorized skill sets only if required.

"We wanted to be ready to preserve a range of important capabilities we may need in the future, and the authorization we received will help us do that," he said. "But we will implement stop loss only as a last resort. It proved necessary for those 8404-coded HMs, but for the other skill sets, we're going to wait and see. Navy leadership understands the impact of stop loss on our people. It's not a tool we want to have to use, so we intend to use it sparingly."

The other skill sets authorized for stop-loss by the Secretary of the Navy, but not being implemented now include Security limited duty officers (649X); Security Technician chief warrant officers (749X); Master-at-Arms; Navy Law Enforcement Specialists (NEC 9545); Afloat Planning System Maintenance Technicians (NEC 1676); Mission Distribution System Operators (NEC 2778); Cryptologic Technician (Interpretive) with the 9202, 9209 and 9216 NECs; Cryptologic Technician (Communication, Collection and Technical) with the 8295 and 8296 NECs; and all Hospital Corpsmen with the 8403, 8425, 8427 and 8541 NECs.

Stop-loss will not apply to Sailors who are on separation or retirement leave, have shipped household goods in preparation for transition from service, or are within 21 days of their separation or retirement date. Sailors on active duty for special work and one-year recall are also exempt. Waivers to the policy will be considered on a case-by-case basis.

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Wounded Corpsman Talks About Injury

By Chief Journalist (SW) Dan Smithyman, Naval Station Rota Public Affairs

ROTA, Spain - One of the first patients to receive treatment at the field hospital in Rota, Spain, talked to reporters recently about his injury and what life is like in the Iraqi combat zone.

Hospital Corpsman 3rd Class(FMF) Carlos Cordova, a

poised field medic assigned to 2nd Battalion, 8th Marines Weapons Division based at Camp Lejuene N.C., told local and international media about taking shrapnel in his right forearm after a mortar round exploded in front of him March 24, sending hot metal through his arm and into the shoulder of a Marine standing behind him. The two were part of a company assigned to protect a supply convoy when they began taking fire from three directions while operating on the banks of the Euphrates River near Nasiriyah.

"You know that scene in 'Saving Private Ryan' when everything goes quiet a little bit," said the 24-year-old from Sugar Land, Texas. "That kind of happened for like a second, and then everything started going again."

The treating physician at Fleet Hospital 8, Capt. Chris Olch, Medical Corps, said Cordova should regain full use of his right hand, but the wound will likely leave "a heck of a scar."

Southern Iraq provided Cordova with his first combat experience in his three and one-half years of active-duty service. Like combat, the countryside did not meet his expectations.

"I was expecting desert and houses built of adobe-style walls," he said. "It's not a bad looking country except for all the ordnance lying around. It's got some grass."

Of the combat setting, Cordova said he imagined more of what Hollywood typically portrays. "People wearing turbans and sheets, jumping in and out of dunes shooting at you," he said of his expectations. What he got was nothing like it.

"We couldn't see where [the shooting] was coming from," Cordova said. "I don't know if they were soldiers or civilians, but there were some Iraqis running around on the other side of the river."

Cordova is disappointed about his injury for reasons perhaps only a combat corpsman can truly understand. "I'm supposed to be taking care of them, and they're out there with a replacement that's not me," he said. "It's a family, and leaving the family just doesn't seem right."

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Navy Team On The Prowl for Chem/Bio Agents
By Doris Ryan, Bureau of Medicine and Surgery

NORTHERN KUWAIT - In the desert of northern Kuwait, south of the Iraqi border in a small, unobtrusive mobile field laboratory are three Navy people; a microbiologist and two advanced laboratory technicians. They are screening environmental samples for biological warfare agents and they may be the first to find evidence that an attack has occurred.

The laboratory is equipped with advanced technology

to quickly detect biological agents such as anthrax, plague, smallpox, ricin and many others.

"Our team in Kuwait has very sophisticated detection capabilities and they will be looking for the molecular signatures of specific biologic agents," said Capt. Al Mateczun, Medical Corps, director of the Biological Defense Research Directorate (BDRD) at the Naval Medical Research Center (NMRC), Silver Spring, MD. "Once they receive a sample, they will have an initial report in 15 minutes; if positive, they will have confirmation in 35 minutes."

Mateczun went on to explain that the team is able to detect extremely small quantities of biological agents using the tests available in the laboratory. The team can routinely analyze over 100 samples per day.

The samples are first screened using hand-held tests developed by NMRC researchers. These are simple and sensitive tests, where the sample is mixed in a salt solution and a few drops are placed on test strips, much like a home pregnancy test. If the initial test shows a positive reading, the team uses polymerase chain reaction (PCR) based DNA analysis technology to capture the DNA signature and identify the specific agent. Most agents have a unique signature that can be used to accurately identify them.

Mateczun's staff at the BDRD supports the field laboratory. The 44 military and civilian microbiologists, biochemists and technicians in Silver Spring have worked and trained together for years. There is a seamless line of communication that allows for real time consultation and problem solving 24 hours a day, seven days a week.

Mateczun pointed out that BDRD represents a very tight, integrated program that includes everything from basic bench research to work in the field. " We are a very unique group," he said. "For example, if the field site has a problem with a test not working right, the person who designed the test is on staff at NMRC and can immediately review and resolve the problem."

The field laboratory is part of the Defense Intelligence Agency group called the Chemical Biological Intelligence Support Team. Besides staffing the field laboratory, Navy Medicine's research and development community designed the laboratory, developed the tests and produced the chemicals and reagents necessary to do the work. The laboratory was built to be highly mobile. It weighs 1000 pounds and can be set up and operating in two hours.

"Navy Medicine has been in the lead developing rapid detection technology for biological agents," said Mateczun. "We have been doing this for years, long before it made the headlines. It may take the team in the desert less than an hour to detect a biological agent, but it took Navy Medicine R&D over a decade to

get them to that point."

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Donated Flea Collars Don't Help Deployed Troops
From Bureau of Medicine and Surgery Public Affairs

WASHINGTON - Donations from home are a welcome sight to deployed troops, but some donated items may cause more harm than good. In an April 3 memo from the deputy undersecretary of defense for installations and environment, well-meaning donations of flea collars may cause health problems for troops overseas.

According to the Department of Defense, a number of national media have reported that donated flea collars are being sent to the Iraqi theater of operations to safeguard troops against insect and tick attack. DOD warns that wearing the flea collars can have adverse effects on humans.

Flea collars contain many different kinds of pesticides that are not intended for human use. These pesticides can lead to severe skin reactions, and they may also trigger some chemical agent detectors.

Deployed personnel are advised to follow the recommended DOD insect repellent system, which combines the use of DEET lotion on exposed skin and permethrin on the field uniform to protect against insect-borne diseases.

For more information on personal protective measures against insects and other arthropods, visit www.afpmb.org/coweb/guidance_targets/ppms/TG36/TG36.htm.

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NH Okinawa Tests Disaster Readiness
By Amanda Woodhead, U.S. Naval Hospital Okinawa Public Affairs

OKINAWA, Japan - United States Naval Hospital Okinawa participated in a mock disaster drill March 27, which aimed to train hospital staff how to react in the event a true mass casualty event occurred.

An almost eerie calm settled throughout the hospital as over 1000 staff members braced themselves for the notification of disaster that would begin the drill. At 9:20 a.m., an announcement made on behalf of the hospital's commanding officer, Capt. Mike Mittelman, Medical Service Corps, resounded over the central public address system instructing the staff and crew to activate the emergency management plan. Each department dedicated staff members to set up the simulation, leaving a skeleton crew to care for any possible "real" patients.

Meanwhile, members of the hospital's moulage team decorated 43 volunteer patients to appear to have injuries in an effort to create a realistic sense for

caregivers at the scene and at the hospital. When the team completed the transformation of regular people to synthetic victims of a mass casualty, the drill began.

Shortly after the announcement to begin the exercise, the command officials held a meeting to determine what happened and how staff members would proceed with preparations. A mock car bomb reportedly exploded at the commissary of a nearby military base. A cloud of green smoke, potentially from chemicals, filled the air as "victims" could be heard moaning and screaming for help.

The most severely wounded were immediately transported to the USNH Okinawa where they would be triaged and treated. The hospital was divided into four parts - immediate care, delayed care, minimal care, and expectant care. Each department was given "patients" and nurtured them as they would in a real world event. The patients were guided through admissions, to x-ray, and back to their primary area of treatment precisely, as if there were no emergency. At 1 p.m., another declaration over the public address system proclaimed the area secure and for all hands to return to their sections.

"The more we train, the better we get," said Lt. Cmdr. Al Villaruz, Medical Corps, emergency room physician at the hospital. "Anyone living on this island is a potential victim of a disaster. So, the better trained our medical people are in responding to situations like this, the more beneficial it is to the community."

Observing the disaster from a unique perspective were visitors from the local Japanese community. Ten people were on board to learn how the US is preparing in Okinawa for the prospect of a mass casualty event.

Distinguished visitors included four nurses from Chubu Medical Center, five nurses from Naha City Medical Center, and one member from the Chubu Medical Center Medical Doctors Association.

Following the mock disaster, the USNH Okinawa staff devoted the rest of the day to reviewing the simulation and tackling areas that could be improved in the future or in the event of a true mass casualty situation.

With the hostilities worldwide rising, the staff at USNH Okinawa is devoted to maintaining a prepared position for any possible event.

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TRICARE Pacific Lead Agent Sees 'Model' of Success

By Bill Doughty, U.S. Naval Hospital, Yokosuka, Japan Public Affairs

YOKOSUKA, Japan - "One stop shopping" is the concept behind the new TRICARE Service Center in Yokosuka. The center was a highlight stop on a

whirlwind tour of this forward-deployed Navy base by Army Maj. Gen. Joseph G. Webb, Jr., lead agent for TRICARE Pacific.

"We've combined key services for our operational forces and their families," said Capt. Adam M. Robinson, Jr., commanding officer of the hospital, who showed Webb and his staff the new office.

"Population Health is linked with case management, MEDEVAC, Fleet Liaison, and all TRICARE services," said Robinson. "We've knocked down walls and combined offices to improve access."

"I'm very, very impressed with the facilities here and what I've seen because it's obvious the staff has gone out of its way to look for ways to solve problems to make patient care more satisfying," Webb said. "Any time we see a model that works well we ought to look strongly at moving the model into other locations. The more convenient we can make our patient-centered, patient-focused health care, the better it is for everyone. The set-up you have here, with all of the things co-located in one area, is also extremely helpful for the staff."

General Webb and his team, including Col. Art Wallace, Maj. Anthony Ingram, Master Chief Hospital Corpsman Richard Dew, and Capt. Shannon Rowe, had an opportunity to meet face-to-face with health care providers and administrators they knew previously only by phone or e-mail.

Other highlights of the tour were visits to Yokosuka's new Stork's Nest, the Women, Infants and Children Overseas office, and a meeting with Regional Line Commander Rear Adm. Robert C. Chaplin, Commander U.S. Naval Forces Japan.

Regarding the TRICARE medical benefit, Webb said, "I think the benefit that you have here overseas, particularly in Japan, is a good one. We don't have all of the resources we'd like to do the job, but we're working wonders with the resources that we do have to support the family members and the soldiers, Sailors, airmen, and Marines here."

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Staff From Mercy Help Comfort
By Journalist 1ST Class(SW) Terrina Weatherspoon, Naval Medical Center San Diego

SAN DIEGO - There are currently only two hospital ships in the Navy - the USNS Mercy (T-AH 19) and the USNS Comfort (T-AH 20). Since January, the Comfort has been deployed in support of Operation Iraqi Freedom. When the call came in that more staffing was needed, Naval Medical Center San Diego (NMCSD), among others, answered the call.

Six groups of Sailors have been added to the crew

of the Comfort since its departure from Baltimore, bringing the ship to its full operational status.

"National Naval Medical Center Bethesda did not have the staff to fully support the Comfort, particularly at the 1000 bed level," said Lt. Cmdr. Kurt Houser, human resource management department head at NMCSD. "Since her sister ship, Mercy, is staffed by NMCSD personnel, the Bureau of Medicine and Surgery directed our Mercy augmenting staff to assist Comfort."

This augmentation enabled personnel assigned to the Mercy to support its sister ship without pulling from other potentially deploying platforms, or rendering the Mercy unable to sail with its minimal staffing. Including this deployment, NMCSD has deployed over 460 Sailors to seven platforms in support of Operations Iraqi and Enduring Freedom.

"I am so proud of my shipmates," said Yeoman 2nd Class Shanette Parsons, who is assigned to the Mercy platform. "We know where the needs are and we are ready when the time comes to fill them. I may not have been in the group that has already deployed to the Comfort, but when I am called on, I'll be ready."

Parsons is not the only one who finds it hard to stand by and watch while people continue to deploy. Hospital Corpsman 2nd Class Amber Chalmers is about to give birth to her first baby but is also assigned to the Mercy. "It's hard for me to watch while everyone deploys and I am still here," said Chalmers. "I miss the ship and being underway."

Although Naval Medical Center staff continue to gear for deployment, there are no current plans to further support the Comfort with additional NMCSD staff, according to Houser.

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Healthwatch: Put An End To Heartburn
By Susan M. Koerner, Naval Forces Marianas Public Affairs

GUAM - It's that burning feeling, creeping up through your rib cage into your throat and neck. It may be so painful that you think it could be a heart attack. Heartburn is no picnic, but it can be easily avoided for most people with some healthy lifestyle changes.

"Heartburn is the slang term we use for esophageal reflux, when stomach acid has moved back up into the esophagus," according to LT James Johnson, Medical Corps, an internist at U.S. Naval Hospital Guam.

It's not uncommon to have an occasional bout of heartburn, but chronic, recurring reflux can damage tissue in the esophagus, requiring more aggressive treatment. It is estimated that 35 million Americans experience frequent bouts of heartburn.

Gastro esophageal reflux disease, or GERD, is a

condition where reflux has damaged the cell structure of the esophagus. While heartburn and GERD are more irritating rather than dangerous, frequent heartburn can irritate and inflame the esophagus causing esophagitis.

Health care providers also watch closely for a condition called Barrett's esophagus, a condition in which the normal cells in the esophagus are replaced by cells like those that line the stomach.

Most people can avoid or control heartburn by making a few changes. Large meals late at night, obesity, tight clothing, smoking and alcohol can all be contributors.

"Overfilling the stomach can cause reflux. Combine that with laying down and you lose the gravity effect so you have even more reflux," Johnson said.

The body's natural response to heartburn is to produce more saliva, which will help coat the esophagus, however Johnson said smoking decreases salivation. "People who smoke have a higher incidence of GERD," he added.

Avoiding large, late night meals and fried foods, chocolate, coffee and peppermint can help. These types of foods can cause the lower esophageal sphincter to relax, allowing more acid to escape into the esophagus.

For those times that it does strike, Johnson said there are many over-the-counter remedies, such as antacid tablets, which are designed to reduce the acid in the stomach. "The calcium in the tablets binds up with the acid," he said. Using too much antacid can cause a rebound phenomenon, however, causing the stomach to produce more acid.

Other methods of treatment include H2 blockers. "These treatments block the production of acid," said Johnson. Many H2 blockers are now available over the counter as well as in prescription form.

The newest prescription method to treat heartburn and GERD are proton pump inhibitors (PPI), which appear to be more effective at blocking the acid production.

"If someone knows they are prone to heartburn, taking these beforehand can save them some discomfort," Johnson said.

Other ways he suggests to avert discomfort is to elevate the head of the bed a few inches or chew gum to produce more saliva.

Some myths to treating heartburn, such as eating peppermint or drinking milk actually can cause more discomfort. "If you have already overfilled the stomach, drinking milk only adds to the problem," Johnson added.

For those that find themselves frequently reaching for relief from heartburn, Johnson said a visit to your healthcare provider is in order. "They should be evaluated to find the underlying causes of recurring heartburn," he said. "Most heartburn can be treated almost completely with lifestyle changes."

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